

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-005467

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 31

Primary Registration District No. 5108

Registrar's No. 10

FILED FEB 20 1962

## 1. PLACE OF DEATH

a. COUNTY

BENTON

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN Williams TownshipLength of stay in 1b  
enroutec. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION 12 Miles South of Sedalia  
Highway # 65Inside Limits  
Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Pettis

c. CITY  
OR TOWN

Sedalia North Woodlawn

Inside Limits  
Yes ☒ No ☐d. STREET  
ADDRESS(If outside, give location)  
2522 N. WoodlawnReside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

JAMES

Middle

H. DALTON

Last

4. DATE  
OF DEATH

Month

Day

Year

FEB., 9, 1962

## 5. SEX

Male

## 6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

10-14-1912

## 9. AGE (last birthday)

49

## IF UNDER 1 YEAR IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Route Salesman10b. KIND OF BUSINESS OR INDUSTRY  
Soft Drink Mfg11. BIRTHPLACE (City and state or country)  
Eureka, Montana

12. CITIZEN OF WHAT COUNTRY

## 13a. FATHER'S NAME

Walter A. Dalton

## 13b. MOTHER'S MAIDEN NAME

Adda Gibson

## 14. NAME OF HUSBAND OR WIFE

Dorothy Swift Dalton

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
No

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

Mrs. Dorothy Swift, Sedalia, Missouri

## 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

MEDULLARY FAILURE

INTERVAL BETWEEN  
ONSET AND DEATH  
MINUTESConditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

BURNS (EXTENSIVE - DEEP AND SEVERE)

MINUTES

DUE TO (c)

TRUCK HIGHWAY COLLISION (FIRE RESULTING)

MINUTES

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒

## 20a. ACCIDENT

YES

## SUICIDE

☐

## HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

HIGHWAY COLLISION

20c. TIME OF  
INJURY  
Hour  
a.m.  
6:00AM

Month, Day, Year

FEB., 9, 1962

U S HIGHWAY 65, WILLIAMS TOWNSHIP, BENTON, MO.

20d. INJURY OCCURRED  
WHILE AT WORK ☒  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)  
PUBLIC HIGHWAY (U S 65) WILLIAMS TOWNSHIP, BENTON CO., MO

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

DEAD ON ARRIVAL

and last saw her him alive on DEAD ON ARRIVAL

Death occurred at 6:00 AM

m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

Oliver White  
ACTING CORONER

BENTON CO. SHERIFF

## 22b. ADDRESS

WARSAW, MO.

## 22c. DATE SIGNED

2-10-62

23a. BURIAL, CREMATION,  
REMOVAL (Specify)  
Burial

## 23b. DATE

Feb. 12, 1962

## 23c. NAME OF CEMETERY OR CREMATORY

Memorial Park

## 23d. LOCATION (City, town, or county)

Sedalia, Missouri

(State)

## 24. FUNERAL DIRECTOR

D. W. HECKART, Gillespie Funeral Home  
Sedalia, Mo

## ADDRESS

## 25. DATE RECD. BY LOCAL REG.

Feb 11 1962

## 26. REGISTRAR'S SIGNATURE

E L Eichhoff

(Licensed Embalmer's Statement on Reverse Side)

FEB 21 1962

FEB 28 1962

APR 6 1962

**STATEMENT BY LICENSED EMBALMER**

I hereby certify, that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 3470

P. O. Address Secalia, MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.